Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER		
T-2	TAL OLABAG		(Column 1)		(Colu	(Column 2)		TYPE			SMALL ENTITY	
TOTAL CLAIMS			28					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			28' minus 20=		* 8			X\$ 9=		OR	X\$18=	144a
INDEPENDENT CLAIMS			2 minus 3 =		· _			X40=		OR	X80=	
ML	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	han zero, enter "0" in column 2			l	TOTAL		OR	TOTAL	854a
CLAIMS AS AMENDED - PART II									ŧ	1	OTHER	THAN
		(Column 1)	(Column 2)			(Column 3)	_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	# 1-4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	Independent	*	Minus	***	CLAINA	= .		, X40=	1.1	OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	16.5	OR	+270=	(4)
								TOTAL ADDIT. FEE	1	OR	TOTAL ADDIT. FEE	12.3
				4 7 7								
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE
	Total	•	Minus	**		=	1.	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	1 I	X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	7,40=	:. ·	OR	7,00=	
		-	+135=		OR	+270=	1					
		,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT: FEE						
							· Trailer Ser					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	01.4114	=	 	X40=		OR	X80=	
Ц	FIRST PRESE		!	+135=			+270=	4, 4, 4				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEE	,
		nber Previously Pai					er fou	nd in the app	ropriate box	in col	lumn 1.	